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Tegistered attorney or agent) mid the names of up to 2 registered attorney or agent. If no name is 3  Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Heartport, Inc.  Redwood City, CA  Reel/Frame: 9698/0244  Beast check the appropriate assignee category or caregories (will not be printed on the patent):  The following fee(s) are submitted:  The following fee(s) are submitted:  A check is enclosed.  Payment of Pee(s): (Please first reapply any previously paid issue fee shown above)  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10.0750. (enclose an extra copy of this for overpayment, to Deposit Account Number 10.0750. (enclose an extra copy of this for overpayment, to Deposit Account Number 10.0750. (enclose an extra copy of this for overpayment, to Deposit Account Number 10.0750.)  Applicant third Status (from status indicated above)	The Address' indication (or "Fee Address' Indication form PTO/SIMA"; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filter recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Heartport, Inc.  Redwood City, CA  Reel/Frame: 9698/0244  Base check the appropriate assignce category of causgories (will not be printed on the patent):  Individual Corporation or other private group entity Governs  A check is enclosed.  Payment of Fee(3): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10 0750 (enclose an extra copy of this form to the patent).  The Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10 0750 (enclose an extra copy of this form to be privated autority or agent, or the assignce or other participates above by the records of the United Status Patent and Trademark Office.	Change of correspondence address (or Change of Correspondence			or agents OR, alternati	ively.	•	
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